

Hotel Room Stay Receipt

Hotel Name: _____

Receipt No: _____

Address: _____

Date: ____ / ____ / ____

Phone: _____

Email: _____

Guest Information

Guest Name: _____

Contact Number: _____

Check-in Date: ____ / ____ / ____

Check-out Date: ____ / ____ / ____

Room Number: _____

Number of Guests: _____

Room & Charges

Description	Rate	Nights/Qty	Amount
Room Type: _____	_____	_____	_____
Additional Charges	_____	_____	_____
Taxes & Fees	-	-	_____

Subtotal:

Total Amount:

Amount Paid:

Balance Due:

Payment Method: _____

Authorized Signature:

Date: ____ / ____ / ____

Thank you for choosing our hotel. We hope you enjoyed your stay.